

<i>SERFF Tracking Number:</i>	<i>TPCI-125841903</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>PHL Variable Insurance Company</i>	<i>State Tracking Number:</i>	<i>40493</i>
<i>Company Tracking Number:</i>	<i>08RFAQ</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.002 Joint (Last Survivor)</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>Reduction in Face Amount Rider - Qualified Plan Policy</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: PHL Variable Insurance Company

Product Name: Reduction in Face Amount
Rider - Qualified Plan Policy

TOI: L09I Individual Life - Flexible Premium
Adjustable Life

Sub-TOI: L09I.002 Joint (Last Survivor)

Filing Type: Form

SERFF Tr Num: TPCI-125841903 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 40493

Co Tr Num: 08RFAQ

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Authors: Peter Scavongelli, Scott

Disposition Date: 10/17/2008

Zweig, Joseph Bonfitto, Marilyn

Dolan, Elizabeth Wheeler, Barbara

Slater, Industry Support, James

Bronsdon, Kathleen Underwood,

Jean Bulger

Date Submitted: 10/10/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/17/2008

State Status Changed: 10/17/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

SERFF Tracking Number: TPCI-125841903 State: Arkansas

Filing Company: PHL Variable Insurance Company State Tracking Number: 40493

Company Tracking Number: 08RFAQ

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)

Adjustable Life

Product Name: Reduction in Face Amount Rider - Qualified Plan Policy

Project Name/Number: /

Please see cover letter.

Company and Contact

Filing Contact Information

Scott Zweig, Compliance Coordinator scott.zweig@phoenixwm.com
 One American Row (860) 403-5951 [Phone]
 Hartford, CT 06102 (860) 403-7252[FAX]

Filing Company Information

PHL Variable Insurance Company CoCode: 93548 State of Domicile: Connecticut
 One American Row Group Code: 403 Company Type: Life Insurance and
 Hartford, CT 06102 Group Name: Annuities
 (860) 403-5000 ext. [Phone] FEIN Number: 06-1045829
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: Each Rider - \$20.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
PHL Variable Insurance Company	\$20.00	10/10/2008	23108186

SERFF Tracking Number:	TPCI-125841903	State:	Arkansas
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TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.002 Joint (Last Survivor)
Product Name:	Reduction in Face Amount Rider - Qualified Plan Policy		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/17/2008	10/17/2008

<i>SERFF Tracking Number:</i>	<i>TPCI-125841903</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Adjustable Life</i>		
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<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 10/17/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TPCI-125841903 State: Arkansas

Filing Company: PHL Variable Insurance Company State Tracking Number: 40493

Company Tracking Number: 08RFAQ

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)

Adjustable Life

Product Name: Reduction in Face Amount Rider - Qualified Plan Policy

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		Yes
Supporting Document	Actuarial Memorandum		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Cover Letter		Yes
Form	Reduction in Face Amount Rider - Qualified Plan Policy		Yes

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Company Tracking Number: 08RFAQ

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Adjustable Life

Product Name: Reduction in Face Amount Rider - Qualified Plan Policy

Project Name/Number: /

Form Schedule

Lead Form Number: 08RFAQ

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	08RFAQ	Policy/Cont Reduction in Face ract/Fratern Amount Rider - al Qualified Plan Policy Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	08RFAQ Rider - Final.pdf



PHOENIX

PHL VARIABLE INSURANCE COMPANY

A Stock Company

Reduction in Face Amount Rider – QUALIFIED PLAN POLICY

RIDER SPECIFICATIONS

Policy Number: [9730000]
Insured: [John M. Doe]
Rider Termination Anniversary: [20th] Policy Anniversary
Reduction Percentage: [90%]
Face Amount Reduction Dates: [1st through the 20th] Policy Anniversaries

This rider is part of the policy to which it is attached in consideration of the application. This rider is effective on the Rider Issue Date shown in the Schedule Pages of this policy. Except as otherwise stated in this rider, it is subject to all of the provisions of the policy.

Reduction of Face Amount without Surrender Charge

While this policy and its riders are in effect you may request one or more decreases in the Face Amount in accordance with the terms of the policy and any applicable riders without incurring a Surrender Charge which, under the terms of your policy, would otherwise apply. The Surrender Charge remaining will continue to apply to the remaining Face Amount as if the decrease in Face Amount had not been made.

Other conditions that apply are as follows:

- This option may be elected only during the 90-day periods immediately preceding the Face Amount Reduction Dates;
- The sum of all reductions to Face Amount may not exceed the Reduction Percentage of the total Face Amount at Issue;
- The new Face Amount may not be less than Minimum Face Amount as shown in policy Schedule Pages, if applicable.

Termination

This rider and all rights provided under it will terminate upon the earliest of the following dates:

1. the date we receive your written request to cancel this rider;
2. the Rider Termination Anniversary; or
3. the date the policy terminates.

PHL Variable Insurance Company

[]

[Secretary]

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 10/02/2008
Comments:
Attachment:
AR certifications - 08RFAQ.pdf

Review Status:

Satisfied -Name: Outline of Coverage 10/02/2008
Comments:
Please see attached cover letter.

Review Status:

Satisfied -Name: Statement of Variability 10/07/2008
Comments:
Attachment:
08RFAQ - SOV revised 10-02-08.pdf

Review Status:

Satisfied -Name: Cover Letter 10/09/2008
Comments:
Attachment:
AR 08RFAQ Cover Letter.pdf

ARKANSAS CERTIFICATION

FORM NO.	08RFAQ
FORM TITLE	Reduction in Face Amount Rider – Qualified Plan Policy
FLESCH SCORE	51.52

I hereby certify the following:

- To the best of my knowledge and belief, the above form(s) and submission comply with Reg. 19 and Reg. 49, as well as the other laws and regulations of the State of Arkansas.
- The attached forms comply with ACA 23-79-138 and Bulletin 11-88.

PHL Variable Insurance Company

Signature: 

Name: **James F. Bronsdon**

Title: **Assistant Vice President**

Date: **10/06/2008**

08RFAQ
Reduction in Face Amount Rider – Qualified Plan Policy
Statement of Variability

Policy Number: The unique number for each policy will appear in this field.

Insured: The name(s) of the insured or joint insureds which will appear in this field.

Rider Termination Anniversary: The Policy Anniversary on which this rider will terminate will appear in this field. Should we make a change to this date it would be for new issues only and could range from the 15th to the 25th policy anniversary

Reduction Percentage: The maximum percentage that the face amount at issue may be reduced will appear in this field. Should we make a change to this percentage it would be for new issues only and could range from 10% to 99%.

Face Amount Reduction Dates: The dates listed in these brackets are currently the policy anniversaries on which this option can be exercised. Should we change these policy anniversaries it would be for new issues only and could include policy anniversaries between the 1st and 30th.

We have placed brackets around the Company officer's signature and title to indicate that the name and/or title of the officer may change in the future.



James F. Bronsdon - Assistant Vice President

Life & Annuity State Compliance Office
One American Row Hartford, CT 06102-5056
(860) 403-6111 Fax: (860) 403-7187
Toll Free: 1-800-349-9267 (press 2, then 3)
Email: James.Bronsdon@phoenixwm.com

October 9, 2008

Mr. Joe Musgrove
Department of Insurance
State of Arkansas
1200 West Third Street
Little Rock, Arkansas 72201

Re: **PHL Variable Insurance Company**
NAIC #: 93548, FEIN #: 06-1045829

For Approval Purposes

Form 08RFAQ – Reduction in Face Amount Rider – Qualified Plan Policy

Dear Mr. Max:

We are filing the above-referenced form for approval in your jurisdiction. The form is filed in accordance with the applicable statutes and regulations of your jurisdiction and are laser printed, subject only to minor variations in paper stock, color, fonts, duplexing, and positioning. This form is new and is not intended to replace existing forms. The form will be effective on the date of approval. This form will be marketed to the general public. These forms were approved by our domiciliary state of Connecticut for use outside of Connecticut effective October 8, 2008.

The **Reduction in Face Amount Rider – Qualified Plan Policy, form 08RFAQ**, provides the policyholder with the option to reduce coverage without assessment of a pro-rata surrender charge. There is no charge for this rider. The rider will be used only in connection with qualified plans.

This rider may be offered with new issues of our life insurance policies that have been previously and subsequently approved by your Department. The Company reserves the right to discontinue offering this rider form for new issues only at any time.

For a more detailed description including the issue age range for the enclosed rider please see the enclosed Actuarial Memorandum.

Text ordinarily bracketed appears in the Rider Specification section of the rider. See the attached Actuarial Memorandum and Statement of Variability for a more complete description.

Your attention to this submission is appreciated. A postage-paid, return envelope is enclosed for your convenience. Should you have any questions regarding any of the materials in this filing, please do not hesitate to contact me at 1-860/403-6111, by fax at (860) 403-5296 or by e-mail at james.bronsdon@phoenixwm.com.

Sincerely,

James F. Bronsdon
Assistant Vice President